

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R4 / 11-05)

Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

			DMMITTEE	·			_		
1. Full Name of Candidate (include any nickname)									
David Alan Hampton (317) 361-7655									
-	s (address where all campaign fir Meridian Street, #1701	ance corresponder	nce is received)	Check if	this is a new a	address			
4. City		State ZIP Code		5. Party Affiliation or If Independent Candidate					
Indianapolis		IN	46208		Independent				
6. Office Sought (include district number, if any. Not required for e			oloratory committee.) 7. County of			f Residence			
IPS Scho	ol Board				Marion				
8. Reporting Peri		400	7/0044				_		
From: 10/2		Tillough.	27/2014						
For classification, en	ter INDV for individual; PAC for political a	ection committee: CORF	ofor corporation; I	LAB for labor orga	nization; NONE	for all entries which a	re not one of the abo	ve categories.	
CONTRIBUTOR'S FULL NAME AND (FULL MAILING ADDRES				TYPE OF CONTRIBUTION			UMN A UNT OF	DATE RECEIVED	
	(street, number, city, state, ZIF			OR OTHER RE	CEIPT		RIBUTION	RECEIVED BY	
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Contributor's Occupa	ation (if applicable)		_						
		CERTIFICAT					FOR OFFI	CE USE ONLY	
I CERTIFY THA	T I HAVE EXAMINED THIS ST	ATEMENT. TO TH	IE BEST OF I	MY KNOWLE	DGE AND B	ELIEF IT IS	$\sim a$		

Signature of Treasurer

Title

Date (MM-DD-YY)

Treasurer

10/27/14

Signature of Candidate (if applicable)

Date (MM-DD-YY)

10/27/14

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

A. Hampton

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OCT 28 2014

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State Form 48492 (R4 / 11-05) Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

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		CC	MMITTEE IN	NFORMATION	NC					
1. Full Name of Candidate (include any nickname)										
David Alan Ham	pton		(317	317 ₎ 361-7655						
3. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address 3801 N. Meridian Street, #1701										
			ZIP Code			. Party Affiliation or If Independent Candidate				
Indianapolis IN 4620			46208		Indepe	endent				
6. Office Sought (include district number, if any. Not required for exploratory of				ee.) 7. County of Residence						
IPS School Board				Marion						
8. Reporting Period:										
From: 10/24/2014 Through: 10/24/2014										
For classification, enter INDV for individual; PAC for political action committee: CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.										
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)			-	TYPE OF CONTRIBUTION OR OTHER RECEIPT		COLUMN A AMOUNT OF CONTRIBUTION		DATE RECEIVED		
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	napolis, IN 46220		□ In-K	(ind (describe)				10/24/14		
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Contributor's Occupation (if applied	cable)			,,						
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I CERTIFY THAT I HAVE	EXAMINED THIS STATE			Y KNOWLE	OGE AND BI	ELIEF IT IS		·		
TRUE, CORRECT AND COMPLETE. Signature of Treasurer Title				Date (MM-DD-YY)		-YY)	CO	1111 0 11		
Treasurer			ırer		10/27/14		Ga	beth of what		
Signature of Candidate (If applicable)					Date (MM-DD-YY)		OCT 28 2014			
					10/27/14					
person who knowingly files a	ontained in this report may no fraudulent report commits a C ana Campaign Finance Law or	3-14-1-13) A pe	erson who fails	ourpose. (IC 3-	-9-4-5) A		FILED			
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